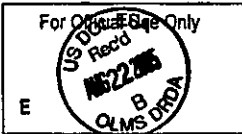


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1 File Number U - <u>10833</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004 |
| 3 Name and address of person filing Name <u>Robert</u> <u>C</u> <u>Petroff</u> P O Box, Bldg, Room No, if any _____ Street <u>11328 SE Highland Loop</u> City <u>Clackamas</u> State <u>Oregon</u> ZIP Code + 4 <u>97015</u> | 4 Name, file number, and address of labor organization Name <u>District Lodge 24, IAM&AW</u> Labor Organization File Number <u>039164</u> P O Box, Building and Room Number, if any _____ Street <u>3645 SE 32nd Avenue</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97202</u> |
| 5 Position in labor organization <u>Directing Business Representative</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

| | |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____ |

Signature

| | | |
|--|-----------------------------|--|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) | | |
| Signed <u>Robert C. Petroff</u> | On <u>8/15/2005</u> Date | <u>(503) 238-5550, Ext 121</u> Telephone Number |

| | |
|---|----------------|
| Name of Person Filing Robert Petroff | File Number U- |
|---|----------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| 8 Name and address of Business (including trade name, if any) Name <u>Bright Now! Dental, Inc</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>20317 NE Bridlewood Road</u> City <u>Battleground</u> State <u>Washington</u> ZIP Code + 4 <u>98604</u> | 9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name <u>Northwest IAM Benefit Trust Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>PO Box C-34203</u> Street _____ City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98124</u> | 11 a Nature of such dealing <u>Service Provider for Taft-Hartley Dental Plan</u> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received <u>7/21/04 Dinner at Alexander's Restaurant</u> 12 b Amount _____ \$64 |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|---|---|
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14 a Nature of payment <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment _____ |

Name of Person Filing Robert Petroff

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Northwest IAM Benefit Trust Fund

Trade Name, if any

P O Box, Bldg, Room No, if any PO Box C-34203

Street

City Seattle

State Washington ZIP Code + 4 98124

11 a Nature of such dealing

Service Provider for Taft-Hartley Dental Plan -
Northwest IAM Benefit Trust Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

9/12/04 - Reimbursement for one night's room in
conjunction with trust meeting

12 b Amount

\$127